

Left Message

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5/6/2026 10:32:06 AM

WORK ORDER

Jeff Smith

12 Dogwood Hills Way
Morganton, GA 30560
(321) 266-1882

Customer #: 205013
Order #: 503777
Location #: 280920
Zone:
Terms: Net 30

Tech: _____

Map Code:

Service Code: Propane Service

Description: 05/11/26 - FINAL HOOK. YD LINE RAN. - HOOK UP W/H,
DRYER, STOVE, BOTH KITS ON SITE - CALL 706-455-2573 -
CCOF - CT

Date Ordered: 5/6/2026	Scheduled Date:	Est. Completion:	Start:	Stop:
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Name:

Last Service: 3/6/2026

Last Tune Up:

Contract:

SC Renewal:

Manufact:

Model:

Notes:

Instructions:

Service History:

Date	Invoice #	Tech	Problem Reported	Service Notes
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PROPANE GAS PIPING SYSTEM CHECK

Customer Account #: 205013

Name: JEFF SMITH

Address: 12 DOGWOOD HILLS WAY

MORGANTON GA 30560

Date: 5/11/26

Instructions: FINAL H/U H/U W/H, DRYER, STOVE BOTH

KITS ON SITE

Order #: 503777

Disclaimer: This inspection covers gas equipment and appliances visible and readily accessible to the service technician and represents the conditions existing on the date of inspection. It does not cover latent or manufacturing defects, the internal workings of sealed equipment or structural components, and cannot be construed to cover future or unforeseen happenings.

Appliance Check:

Appliance	W/H	Dryer	Cook Top			
Manufacturer	Navien	L.G	K.H.W. A.I.			
Model #	NPE-240S2	DLG X4001B	KCBS356ES200			
Serial #	2089E2582669C47	51KWTAS5545	DD1404123			
Burner/Combustion Chamber	☒ Ok	☒ Ok	☒ Ok	☐ Ok	☐ Ok	☐ Ok
Manual Shutoff	☒ Ok ☐ N/A	☒ Ok ☐ N/A	☒ Ok ☐ N/A	☐ Ok ☐ N/A	☐ Ok ☐ N/A	☐ Ok ☐ N/A
Sediment Trap	☒ Ok	☒ Ok	☒ Ok	☐ Ok	☐ Ok	☐ Ok
Pilot Safety System	☒ Ok ☐ N/A	☒ Ok ☐ N/A	☒ Ok ☐ N/A	☐ Ok ☐ N/A	☐ Ok ☐ N/A	☐ Ok ☐ N/A
Electronic Ignition System	☒ Ok ☐ N/A	☒ Ok ☐ N/A	☒ Ok ☐ N/A	☐ Ok ☐ N/A	☐ Ok ☐ N/A	☐ Ok ☐ N/A
Venting System	☒ Ok ☐ N/A	☒ Ok ☐ N/A	☒ Ok ☐ N/A	☐ Ok ☐ N/A	☐ Ok ☐ N/A	☐ Ok ☐ N/A
Combustion Air	☒ Ok	☒ Ok	☒ Ok	☐ Ok	☐ Ok	☐ Ok
Taken Out of Service	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No

Container Check:

Size	Serial #	Container Fitting Leak Test	Manufacturer	Manufacture Date	Location	Tank Condition
500	m2511425	Good	Arco	2025	UG	Good

Regulator(s):

Manufacturer	Model	Regulator Date	Regulator Venting	Flow/Delivery Pressure	Lock-Up Pressure
Twin			☐ Correct ☐ Incorrect		
1st	Rego	34037729	1-24	☒ Correct ☐ Incorrect	
2nd	Rego	4403Y4	9-24	☒ Correct ☐ Incorrect	11.6
					13.2

Piping System Leak Test:

Pressure Test:

Start Pressure	End Pressure	Time Held	Pass	Start Pressure	End Pressure	Time Held	Pass
50 PSI	50 PSI	10 Mins	☒ Yes	15 PSI	15 PSI	10 Mins	☒ Yes
WC	WC	Mins	☐ No				☐ No

Comments: _____

Customer Acknowledgment:

 I acknowledge, by checking each of the following items, that:

- ☐ I have informed the service technician of all gas-burning appliances, gas lines, and unused piping not connected to any gas appliance on my property.
- ☐ I have been informed of what deficiencies, repairs &/or alterations, if any, were made to my gas system or appliances.
- ☐ I have been told what to do if I smell a gas odor or otherwise suspect a gas leak and have been shown how to turn the gas supply off at the tank or cylinder.
- ☐ I have smelled propane gas and can detect its odor.
- ☐ I have been told to consider installing one or more gas detectors.
- ☐ I have received safety information and told to read it and share it with all family members.
- ☐ I am satisfied with the service work performed.

Service Technician (Print)	Service Technician (Signature)	Date
Alan Liray	[Signature]	5-11-26
Customer (Print)	Customer (Signature)	Date
Customer not present	[Signature]	



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RINNAI WORK ORDER

Customer Acct #: 205013
Name GARRISON SISSON - JEFF SMITH JOB
Address 12 DOGWOOD HILLS WAY
MORGANTON GA 30560

Date: 12-2-25
Instructions: DROP 1000UG W/ 50G @ 2.599 DROP 2
ANDOE BATGS ROUGH IN 6 DROPS 706-455-2573
Order #: 424146

DESCRIPTION OF WORK
COMMENTS:
SERVICED BY:

DATE	START TIME	FINISH TIME	TOTAL TIME	LABOR RATE	AMOUNT
				100.00/hr	
				100.00/hr	

FOR OFFICE USE ONLY	
Performed leak check	Yes _____ No _____
Gas check attached	Yes _____ No _____
Leak check	Initial _____
Start Pressure _____ End Pressure _____ Time Held _____ System: OK _____	

% in Tank

AMOUNT REC'D
\$ _____
☐ CASH ☐ CHECK # _____
☐ CREDIT CARD

EXP. DATE _____
* I have received the Consumer Safety information & material.
* I am satisfied with the work performed.
* Customer agrees to pay all costs of collection, agency fees, court costs, and reasonable attorney fees in the event of default on payment.
* Signing agrees to _____ year contract for discount.
CUSTOMER SIGNATURE _____

Retail Price		Contract Price
Rinnai	\$	\$
Standard Vent Kit	\$	\$
Standard Install	\$	\$
Total	\$	\$
Tank Set		New Cust Special
L P Gas /Gal	2.999	L P Gas /Gal 2.599
Gallons	50	Gallons 50
FRCC	\$9.79	FRCC \$9.79
Fuel Total	149.95	Fuel Total 129.95
Tank Lease/YR	129.00	1st yr Lease FREE
Total Materials		
Sub-Total		
Sales Tax		
Tank Set Fee	\$250	Tank Set Fee 20.00
Safety Inspection	\$129.95	\$29.95
Total Labor		
Total charges		
Prepay Bal On Account		
Safe Appliance Savings		487.33
Safe Appliance Rebate		300.00
TOTAL BALANCE DUE		